

<b>Case Number:</b>	CM15-0017169		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old female who reported an injury on 12/08/2011. The mechanism of injury involved a fall. The injured worker is currently diagnosed with displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy and pain in the thoracic spine. The injured worker presented on 11/13/2014 for a followup evaluation with complaints of pain in the lumbar spine. The injured worker reported an improvement in function with acupuncture treatment. The injured worker has also been performing home exercises that she learned during physical therapy sessions. There was no physical examination provided. Recommendations at that time included additional physical therapy and additional acupuncture. The injured worker was also given a prescription for a compounded cream. A Request for Authorization form was then submitted on 11/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy 2x6 for the cervical spine and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Treatment for unspecified myalgia and myositis included 9 to 10 visits over 8 weeks. Treatment for unspecified neuralgia, neuritis and radiculitis including 8 to 10 visits over 4 weeks. The request for 12 sessions of physical therapy would exceed guideline recommendations. Additionally, there was no documentation of objective functional improvement following the initial course of treatment. There is also no recent physical examination provided for this review. Given the above, the request is not medically appropriate.

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Guidelines, Urine drug testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.